

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Fleischmann's Vinegar Co., Inc.**
ADDRESS **P.O. Box 488**
Sumner, WA 98390
COUNTY **Pierce**
FACILITY **Fleischmann's Vinegar**
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

WA0038598
PERMIT NUMBER

(17-19)

001
DISCHARGE NUMBER

Submit Monthly

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before
completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	12,000	12,000	GPD					0	01/30	GRAB	
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6		9	S.U.	0	01/30	GRAB	
BOD ₅	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	1418	1418	lbs/day					0	01/30	GRAB	
BOD ₅	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					142	142	mg/L	0	01/30	GRAB	
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	4500	4500	lbs/day					0	01/30	GRAB	
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					450	450	mg/L	0	01/30	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	0.58	0.58	MGD					0	01/30	GRAB	
Ammonia	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	3.9	3.9	lbs/day					0	01/30	GRAB	
Ammonia	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					0.81	0.81	mg/L	0	01/30	GRAB	
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6		9	S.U.	0	01/30	GRAB	
Temperature	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					86	86	°F	0	01/30	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
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